



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD (KCASAAB) AND KING COUNTY MENTAL HEALTH ADVISORY BOARD (KCMHAB) JOINT MEETING TUESDAY, OCTOBER 2, 2014 King County Chinook Building Room 123 Meeting Notes

KCASAAB MEMBERS PRESENT: Joan Clement, Lauren Davis, Pat Godfrey, Therese Grant, Mary Ann LaFazia

KCASAAB MEMBERS ABSENT: Roger Goodman, Brian Knight (excused); Kimberly Mustafa, (unexcused)

KCMHAB MEMBERS PRESENT: Lauren Davis, Katelyn Morgaine, Heather Spielvogel.
Attending by phone: John Holecek, Kristin Houser, Veronica Kavanagh

KCMHAB MEMBERS ABSENT: Nancy Dow, Alicia Glenwell, Toni Krupski, Allen Panitch (excused), Maria Davis, (unexcused)

GUESTS PRESENT: Lauri Turkovsky (DBHR); Elizabeth Andrews, Robie Flannagan, Allyson McGavick, Susan O'Patka, Kathy Obermeyer, Katie Pitt, Laura Rosema, Michele Scoleri, Mindy Shoemaker, Zan Whitman (Guests); Jeanne Slonecker (MH Ombuds); Peggy Papsdorf (PHS)

STAFF PRESENT: Bryan Baird, Brad Finegood, Dan Floyd, Terry Mark, Jean Robertson

I. WELCOME AND INTRODUCTIONS

Pat Godfrey, KCASAAB Chair, convened the annual joint board meeting at 11:30 a.m., welcoming the committee and introductions were made by each person in attendance.

II. INSTITUTE FOR MENTAL DISEASES (IMD) UPDATE

Kristin Houser, KCMHAB Chair, gave an overview of her meeting with Congressman Reichert's staff for health policy. She learned their biggest concern is how the congressional budget office scores a proposal to repeal the IMD exclusion. Chair Houser suggested to her to forward cost estimates to reflect offsets such as the costs for caring for people in general hospital settings that Medicaid is currently bearing.

Congressman Reichert's staff suggested drafting a letter to the Centers for Medicare and Medicaid Services (CMS), asking them questions, (e.g., what authority do they have to redefine "mental diseases"; do they have numbers or any data on cost offsets such as the cost of treating people in general hospital settings who are beyond the three-day acute care phase; if they have further authority to grant waivers), along with a statement saying we're very concerned about how the IMD exclusion works now, why we're concerned, what this is doing to Washington state, and try to find a remedy of this problem. She also noted asking CMS how they think they can reconcile the parity law (which applies to Medicaid) requirement. The staffer told Chair Houser this letter can possibly be signed by Congressman Reichert, and others, then CMS will answer it.

Jean Robertson added there has been a change in the IMD situation. In mental health (MH) managed care, the state receives a 1915b waiver to conduct MH services in a managed care environment. This waiver is renewed biannually and updated periodically. In the last request, they added new "in lieu of language" and it was approved last month meaning RSNs can use Medicaid dollars to pay for individuals in IMDs for short-term stay, (30 days or less) in an acute care facility like Fairfax or Navos. This language reads as follows:

"Services provided in lieu of acute psychiatric care in institutes for Mental Disease (IMD) are provided by the RSN. The costs are recognized to the extent that they are equal or less than the costs for an equivalent psychiatric inpatient stay in a general hospital. The IMD costs for persons aged 22 - 64 are reflected in the rate development if the RSN reports these services in their encounter data. RSNs are not required to provide services in IMD settings. These services are substituted only for covered acute inpatient days and do not represent long-term care IMD services."

This is not an "IMD waiver" since it only applies to mental health under managed care and does not apply to SUD services in IMDs.

The substance use disorder (SUD) side will be under managed care as of April 2016. The main issue with SUD is Detox and facilities larger than 16-beds. King County has an upcoming meeting with the state and Recovery Centers of King County to discuss next steps.

Lauren Davis added what had been done earlier this year. Members of both Boards met with staff in Senator Murray and Senator Cantwell's offices, Congressman Reichert, and other elected officials on this issue, with members

continuously following up. The Boards also wrote a joint letter to President Obama asking for Executive action to remove the IMD exclusion. Lauren shared how Congressman Reichert had said he would get the signatures of the other elected officials from Washington state.

Chair Houser stated the Boards should contact Congressman McDermott. Lauren has been in touch with his office already and willing to set up a meeting.

III. BOARD INTEGRATION BACKGROUND AND STATUS

Chair Godfrey asked Jean Robertson and Brad Finegood, MHCADSD Assistant Directors, to give an account of the most recent status of integrating the Boards, services, and administration.

Brad reported that with Senate Bill 6312, the state has asked counties to begin integrating behavioral health services (MH, SUD) as regional Behavioral Health Organizations (BHO) by April 2016. The next step in integration is bringing in primary care by 2020 and the opportunity for early adopters in this process.

Jean added the implications of this is that MH services have been under a managed care model since the mid-90s (paid on a per member, per month basis); the SUD services have always been on a fee for service basis. Various funding sources for MH services are funneled through the Regional Support Network (RSN) to manage the system. This difference will change under integration by converting to a single integrated BHO rate through a two-stage process. A detailed plan of how counties will provide integrated services within the new rate structure will be submitted next year.

IV. BOARD INTEGRATION DISCUSSION

Boards have separately talked of this concept. Some members find integration logical; others do not. Each member voiced opinions and concerns. Topics included:

- Boards are in favor of having opportunities to collaborate with each other
- Difficulty for volunteer members to be up to speed, with a sound level of understanding, on two complex systems
- A combined Board being able to adequately serve different groups of consumers
- Fear of losing individual Board focus on MH or SUD specific issues
- As the two systems merge, the system will be better served to have continued focus on each entity
- Delay and wait until after systems integrate
- Continue having separate boards, each meeting bimonthly, perhaps two joint meetings each year
- Concerns about staff time

- Represent the client base and ensure the services are extraordinary in King County
- Maintaining individual identities
- Using primary and backup inter-board liaisons
- Board leadership meeting more regularly
- Combining executive sessions
- Having phone meetings with staff
- Have a phased approach with increasing collaboration leading to eventual integration

V. LEGISLATIVE FORUM/COMMITTEE

The Legislative Forum is scheduled for Thursday, November 13, at Town Hall, 1119 8th Avenue (at Seneca Street), Seattle, 98101. All members were encouraged to attend and invite as many family, friends, neighbors, colleagues, clients, peers, allies, and advocates to attend the forum as well; biggest Legislative member turnout to date is predicted.

Therese Grant proposed that each member commit to bring 10 people.

There being no further business, the meeting was adjourned at 1:00 p.m.

Prepared by:

Bryan Baird
Recording Secretary

Attested by:

Pat Godfrey, KCASAAB Chair

Kristin Houser, MHAB Chair